riii in this ir	nformation to identify	your case:
Debtor 1	Shallan S. Proby	2015 SEP 16 PM 2: 15
	FIRST NAME	Middle Name Last Name
Debtor 2		
(Spouse, if filing)	First Name	Mickelle Name Last Same
United States E	Bankruptcy Court for the:	WESTERN SHING
Case number		Departure K
(if known)		

Check one be	ox only	as	directed	in	this	form	and	ir
Form 22A-1S	upp:							

- 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 22A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 22A-1Supp) with this form.

Part 1:	Calculate \	Vour	Current	Monthly	Income
rail.	Calculate	t ou:	Current	MONETHA	income

1.	What is you	ur marital	and filing	status?	Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00_	\$0.00
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00_	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00_	\$0.00_
5.	Net income from operating a business, profession, or farm		
	Gross receipts (before all deductions) \$ 0.00		
	Ordinary and necessary operating expenses -\$0.00		
	Net monthly income from a business, profession, or farm \$0.00 Copy here→	\$0.00_	\$0.00
6.	Net income from rental and other real property Gross receipts (before all deductions) \$		
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Ordinary and necessary operating expenses - \$ 0.00		
# A	Net monthly income from rental or other real property \$0.00 Copy here→	\$0.00	\$0.00_
7.	Interest, dividends, and royalties	\$ 0.00	\$ <u>0.00</u>

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

Shallan S. Proby

Eiret Name	Middle Nome	Loct Name
	,	

Case number	(if known)

		managan, santa e manasansa	annonno seguento pre como river son com enterpropriede personal de pro-					
				Colur Debto		Column Debtor 2 non-filin		
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount rounder the Social Security Act. Instead, list it here:		•			-		
	For you		0.00					
	For your spouse		0.00					
9.	Pension or retirement income. Do not include any amount benefit under the Social Security Act.	unt receive	d that was a	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Speci Do not include any benefits received under the Social Sea as a victim of a war crime, a crime against humanity, or in terrorism. If necessary, list other sources on a separate p	curity Act onternational	r payments receil I or domestic					
	10a. Food Stamps Assistance			\$	221	\$	0	
	10b. TANF			\$	399	\$	0	
	10c. Total amounts from separate pages, if any.			+\$	0	+ \$	0	
11.	Calculate your total current monthly income. Add lines column. Then add the total for Column A to the total for C		10 for each	\$	620.00	\$	0.00	\$ 620.00 Total current monthly income
Pâ	ort 2: Determine Whether the Means Test App	lies to Y	ou					
12.	Calculate your current monthly income for the year. F	ollow these	e steps:				ŧ	
	12a. Copy your total current monthly income from line 1	1			Сору	line 11 here	→ 12a.	\$ 620.00
Total Britain Commission of the Commission of th	Multiply by 12 (the number of months in a year).							x 12
	12b. The result is your annual income for this part of the	form.					12b.	\$ <u>7440.00</u>
13.	Calculate the median family income that applies to yo	u. Follow	these steps:					
	Fill in the state in which you live.	WASH	INGTON					
	Fill in the number of people in your household.	3	.00				1	
1	Fill in the median family income for your state and size of	household	1				13.	<u>\$ 74428.00</u>
	To find a list of applicable median income amounts, go or instructions for this form. This list may also be available a				rate			
14	How do the lines compare?							
Commercial States or the Commercial States or	Line 12b is less than or equal to line 13. On the Go to Part 3.							
200	14b. Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 22A-2.	e 1, check	box 2, The press	umption of a	buse is dete	rmined by	Form 22A	-2.
Pä	art 3: Sign Below		,	/				
A 200	By signing here I declare upder penalty of herjum that the information on this statement and in any attachments is true and correct. Signature of Debter 1 Signature of Debter 2							
1	Signature of Debter 1 Date 07/30/2015				30/2015			
	MM / Dt /YYYY	ر			DD /YYYY			
	If you checked line 14a, do NOT fill out or file For	m 22A-2.						
<u> </u>	If you checked line 14b, fill out Form 22A-2 and	file it with ti	his form.		endower with the second of the second of	ad up to the second		

Official Form 22A-1